

**MONTANA CHEMICAL DEPENDENCY CENTER  
POLICY AND PROCEDURE MANUAL**

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Policy Subject: Ethics Committee	
Policy Number: ORG 06	Standards/Statutes: ARM 37.27.120
Effective Date: 01/01/02	Page 1 of 4

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**PURPOSE:** To create a consulting body and open dialogue forum for review of facility-wide ethical issues, ethical education and ethical aspects of patient care.

**POLICY:** We will have an organized, multidisciplinary Ethics Committee to provide an ethical education resource for facility staff, review and make recommendations on ethical aspects of facility policy and procedures for ethical issues and to provide a facility-wide forum for case by case review of ethical issues brought to its attention by any staff member, patient, patient family member or other patient advocate.

It is intended that this function be advisory and supportive in scope and function. Recommendations of the Ethics Committee will be consolatory only and there will be no attempt to make legal interpretations unless there appears to be an obvious violation of law. The patient/doctor/treatment team privilege and their duty for treatment will be fully respected in the Committee review.

**PROCEDURE:**

I. DEFINITIONS:

A. Ethical Education Resource:

The method by which the Committee provides an effective and functioning educational resource which the facility may utilize to assure orientation and ongoing staff training in organizational, medical and personal ethics.

B. Facility Policy Review:

The method by which the Ethics Committee offers consultation and non-binding recommendations concerning the ethical considerations of existing and developing facility policy.

C. Case Consultation:

The method by which the Ethics Committee provides health care professionals, patients, patient's families and other patient advocates an accessible forum to take their ethical concerns for consideration, consultation, advice or other appropriate action.

II. Committee Design and Function:

A. Membership of the Ethics Committee:

The membership of the Committee will represent a cross section of treatment staff, administrators, clergy

and community representation. The membership shall consist of at least seven (7) members and will include one representative of:

- 1) Facility Administration
- 2) Counseling Staff
- 3) Nursing Staff
- 4) Treatment Specialists
- 5) Support Staff
- 6) Clergy
- 7) Community Representative

**B. Appointment to the Ethics Committee:**

The Director recommends initial members of the committee. Subsequent members are appointed by the current Chair of the Committee and approved by the Director. Members are appointed for three-year terms and may serve consecutive terms following reappointment and approval. Any member may resign on his or her own initiative and the current Chair with approval of the Director may remove any member.

**C. Leadership of the Ethics Committee:**

The Director shall appoint the Chair. The Committee may elect to designate other officers at its own discretion. The Chair will serve for a one-year period and may not serve consecutive terms.

**D. Voting Quorum:**

On issues that may require a formal statement, position or recommendation by the Committee, a voting quorum is required and shall consist of the Chair and a majority of the membership, including the Chair. A voting quorum is desirable but unnecessary for the Committee to meet, although no policy statements or recommendations may result from such meetings.

**E. Meeting Frequency:**

The committee will regularly meet on a quarterly basis unless the Chair determines the need for more frequent meetings. The Chair may call for special meetings at any time when they see fit. The Chair will ordinarily notify members at least one week in advance of scheduled or special meetings.

**F. Discussion Guidelines:**

To protect the integrity and openness of the Committee's forum, each member may be required or invited to hear an issue is considered equally entitled to express their position, refute and discuss any other opinion and to make declaratory statements about support or dissent without fear of any form of retaliation. It will be the expectation that during discussions within the Committee, members will address one another by first name and without reference to title, position, discipline or educational status. It is hoped that by so doing, the playing field will be leveled and all can speak freely and equally on all matters concerned.

**G. Access to the Committee:**

1. Any member of the Committee may request that the ethical educational resource function of the Committee offered to any requesting team, work unit, section etc. of the facility. Requests

are brought to the attention of the full Committee and acted on as appropriate.

2. Policy review and direct case consultation requests will be made in writing to the Chair of the Committee, who will consult with at least two other Committee members and then decide which cases will be heard by the full Committee. It is the expectation that cases brought for consultation will have previously been reviewed by the attending physician, the involved professional staff, the patient or patient agent and relevant others prior to presentation to the committee for Review and discussion. A written report of this a priori review outlining the person(s) involved, the outcome and any suggestions/recommendations being made to, or requested of, the Committee, will accompany the written request for review or consultation. It is anticipated that issues will be discussed and reviewed in the next regularly scheduled meeting of the Committee. Any concerned person may request policy review and consultation, whether within or outside Montana Chemical Dependency Center. The Committee may provide these individuals or entities with recommendations as deemed appropriate.

H. Reporting Procedure:

1. The Committee will be responsible for recording all meetings in the form of meeting minutes in a format accepted by the facility. The facility will provide all the necessary resources for the recording, transcription publication and archiving of these minutes. The Chair will assure the appropriate distribution of the minutes to persons, committees or functions that may need or use them in Performance Improvement activities.
2. Any recommendations of the Committee, following policy review, will be reported to and acted upon, as appropriate, by the Director.
3. The clinical consultation function may address information or circumstances that require a degree of confidentiality. Where this is the case, the Committee's proceedings and recommendations will be handled as confidential, but only to the degree that the Committee is able to accomplish this and still retain oversight review of all aspects of the facility operation. All staff, patients and interested others should be aware that deliberations and recommendations of this Committee, even though sensitive in nature, are likely to become public information. Where the matter at hand is deemed by the Committee to be truly confidential and clearly inappropriate for public release, the Chair and full Committee will endeavor to protect the privacy of individuals involved by whatever means is decided to be available and appropriate following consultation with the Director or their designate.

I. Disciplinary Action:

The Ethics Committee serves as a resource, support and review body for ethical issues and as such does not have the authority to invoke disciplinary personnel actions. However, it holds the responsibility, and reserves the right, to make such

recommendations to the Director. While such a recommendation may result in the initiation of a personnel action, the recommendation of this Committee may not be used as evidentiary fact in any such action.

- J.     Appeal and Rebuttal Procedure:  
The Chair will hear comments from any person who feels adversely affected by an action of the Committee and may respond, as they deem appropriate, but is under no obligation to provide a formal response. Applicable Personnel Policies and Procedures process formal appeals only through normal channels ad dictated.
  
- K.     Legal Issues:  
Ethical concerns that appear to have legal implications will be referred to the Director who will determine what, if any; action is to be taken. In no instance will this Committee hold in confidence any information that the Committee believes, suggests, or indicates a violation of statute, administrative rule or other legal requirement.



Revisions:

Prepared By:	David J. Peshek	Director	06/20/01
	Name	Title	Date
Approved By:			01/01/02
	David J. Peshek, Administrator		Date